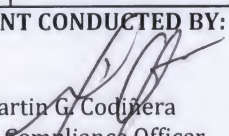




FORM 7

Control No. \_\_\_\_\_

<b>NOTICE OF RESULTS (Joint Assessment)</b>		Republic of the Philippines <b>DEPARTMENT OF LABOR AND EMPLOYMENT</b> Regional Office No.		Regional Office Address  Tel. No.: 234-3317	
NAME OF OWNER/PRESIDENT/MANAGER <i>Nathaniel Kaw</i>		NATURE OF BUSINESS <i>Retail</i>	DATE OF ASSESSMENT <i>October 21, 2014</i>	DATE OF LAST ASSESSMENT <i>NAD</i>	AUTHORITY NO. <i>JA-2014-10-TCFO-515</i>
NAME OF ESTABLISHMENT <i>Gomeco Metal Corp. (Mandaue Branch)</i>			ADDRESS OF ESTABLISHMENT <i>VNU Arcade, North Road, Paknaan, Mandaue City</i>		
<p>The following deficiencies were not complied:</p> <p><b>General Labor Standards:</b></p> <p>1. Proof of remittance and coverage of SSS, Philhealth, Pagibig.</p> <p><b>Occupational Safety and Health Standards:</b></p> <p>1. Rule 1020 (Registration of Establishment). 2. Policies on HIV/AIDS, Hep. B, TB, Drug Free Workplace. 3. Anti-sexual harassment policy with CODI.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Any questions on the above findings shall be submitted to this Office within five (5) days from receipt of this Notice and correction thereof shall be done within ten (10) days. This notice shall be posted conspicuously in the premises of the workplace. Unauthorized removal of this Notice by any person shall be dealt with law.</div>					
<b>SERVED BY:</b>  Signature _____ Date: _____ Printed Name: _____ (Process Server)			<b>SERVED TO:</b>  Signature _____ Date: _____ Printed Name: _____ Position/Designation: _____		
<b>ASSESSMENT CONDUCTED BY:</b>   Ray Martin G. Codizera Labor Laws Compliance Officer					

## Documents Attached:

- ( ) Affidavit of employee/s interviewed  
( ) Computation sheet for wages due  
No. of sheets \_\_\_\_\_  
( ) Restitution Payroll

- ( ) Certified True Copy Payrolls  
( ) Daily Time Records  
( ) Employment Contracts  
( ) Others, specify \_\_\_\_\_







ACKNOWLEDGEMENT RECEIPT  
Joint Assessment

NAME OF OWNER/PRESIDENT/MANAGER <u>Nathaniel Kaw</u>	NATURE OF BUSINESS <u>Retail</u>	DATE OF ASSESSMENT <u>10/21/14</u>	DATE OF LAST ASSESSMENT <u>NAD</u>	AUTHORITY NO. <u>JA-2014-10- TUFO-515</u>
NAME OF ESTABLISHMENT <u>Gomeco Metal Corp. (Mandana Branch)</u>		ADDRESS OF ESTABLISHMENT <u>Unit D VNU Arcade, E. North Road, Paknaan, Mandana City</u>		

I hereby acknowledge that I have seen, read and understand the findings of the assessment conducted as reflected in the Electronic Assessment Checklist:

The result of which are as follows:

I. ON GENERAL LABOR STANDARDS (GLS):

- ☐ Underpayment of wages
- ☐ Non-payment of COLA (per Wage Order No. 18)
- ☐ No records keeping (Payroll /payslip with signature ) presented
- ☐ No Meal period
- ☐ No Weekly Rest Periods
- ☐ No Overtime pay/premium
- ☐ No regular holiday/premium
- ☐ No premium pay for Special Day
- ☐ No premium pay for Rest Day
- ☐ No Nightshift Differential pay
- ☐ No Service Incentive Leave pay
- ☐ No/Non-payment of Separation pay
- ☐ No/Non-payment of 13th month pay
- ☐ No/Non-payment of Maternity Leave
- ☐ No/Non-payment of Paternity Leave
- ☒ No/Non-payment of Solo Parent Leave
- ☐ No/Non Coverage/remittances of SSS, PhilHealth and Pag-Ibig (2014)
- ☐ No Alien Employment Permit
- ☐ No copies of service/contract of agreement with sub-contractor/s presented
- ☐ No D.O. 18-A certificate and Rule 1020 for each sub-contractors

OTHER NOTED DEFICIENCIES OF GLS:

II. OCCUPATIONAL SAFETY AND HEALTH STANDARDS

- ☒ No Policies and Programs on the following:
  - ☒ a. Anti-Sexual harassment with CODI
  - ☒ b. Drug-Free Workplace
  - ☒ c. HIV/AIDS
  - ☒ d. Hepatitis B
  - ☒ e. Tuberculosis
- ☐ No Administrative Reports Submitted:
  - ☐ a. Minutes of Meeting on Health & Safety Committee
  - ☐ b. Employee's Work Accident/Illness Exposure Data (for every accident)
  - ☐ c. Annual Work Accident/Illness Exposure Data
  - ☐ d. Annual Medical Report

- Rule 1020 (Registration of Establishment)

In view thereof, an Action Plan to correct/rectify the aforcted deficiencies shall be submitted within ten (10) days upon receipt hereof, otherwise, a Notice of Result shall be issued.

(Employees' Representative)  
EXPLAINED TO AND RECEIVED BY:

Signature \_\_\_\_\_  
Printed Name: Wendell G. NIS  
Position/Designation: \_\_\_\_\_

Date: 10/21/14

(Employer's Representative)  
EXPLAINED TO AND RECEIVED BY:

Signature \_\_\_\_\_  
Printed Name: LEE ANNE B. BANCAL  
Position/Designation: ADMIN OFFICER

ASSESSMENT CONDUCTED BY:

Signature: Ray Martin Codinera  
LLCO: 10/21/14  
Date: \_\_\_\_\_



**NOTICE TO THE EMPLOYER**

If no action plan was formulated during the conduct of joint-assessment, the employer shall formulate the said action plan based on the accomplishment checklist issued by the Labor Laws Compliance Officer. The employer shall submit the accomplished Details of Action Plan to the Regional Office within ten (10) days from the conduct of joint assessment, otherwise, a Notice of Results shall be issued.

**Part VI FOR LABOR LAWS COMPLIANCE OFFICER USE ONLY**

☐ 1st Assessment

Brief Summary of Findings & Recommendation:

Conducted By:

Ray Martin Codines  
Name and Position of LLCO

Date 10/21/14

Findings/Recommendation explained to:

1. LEE ANNE TRINIDAD  
Name & Signature of Employer's Representative
2. LEONARDO S. SANCHEZ  
Name & Signature of Employees' Representative

☐ Follow-up Assessment

Brief Summary of Findings & Recommendation:

Conducted By:

\_\_\_\_\_  
Name and Position of LLCO

\_\_\_\_\_  
Date

Findings/Recommendation explained to:

1. \_\_\_\_\_  
Name & Signature of Employer's Representative
2. \_\_\_\_\_  
Name & Signature of Employees' Representative

**DOLE PROGRAMS AND SERVICES PROVIDED**

- |                          |  |                |
|--------------------------|--|----------------|
| <input type="checkbox"/> | Kapaliran                                  | Date Conducted |
| <input type="checkbox"/> | Labor and Employment Education Service     | _____          |
| <input type="checkbox"/> | Basic Occupational Safety and Health       | _____          |
| <input type="checkbox"/> | Family Welfare Program                     | _____          |
| <input type="checkbox"/> | Labor-Management Cooperation               | _____          |
| <input type="checkbox"/> | Productivity Improvement Programs          | _____          |
| <input type="checkbox"/> | ISTIV Bayanihan Program                    | _____          |
| <input type="checkbox"/> | WISE Program                               | _____          |
| <input type="checkbox"/> | Livelihood Assistance                      | _____          |
| <input type="checkbox"/> | Employee's Compensation and Rehabilitation | _____          |
| <input type="checkbox"/> | Request Specific Assistance In: _____      | _____          |

**LABOR RELATIONS CONCERNS**

- |                          |                                      |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Freedom of Association               |
| <input type="checkbox"/> | Unfair Labor Practice                |
|                          | Cite: _____                          |
| <input type="checkbox"/> | with Labor Management Council        |
| <input type="checkbox"/> | with Grievance Machinery             |
| <input type="checkbox"/> | with Collective Bargaining Agreement |

**Part VII REGIONAL OFFICE USE ONLY**

**STATUS/ACTION TAKEN/RECOMMENDATION:**

(For monitoring purposes, please indicate the date.)

- |                                     |   |  |
|-------------------------------------|---|--|
| <input checked="" type="checkbox"/> | Denied Access-Notice of Results issued                    |  |
| <input checked="" type="checkbox"/> | Cannot be located   |  |
| <input checked="" type="checkbox"/> | For Follow-up Assessment                                  |  |
| <input checked="" type="checkbox"/> | Issued Notice of Results                                  |  |
| <input checked="" type="checkbox"/> | For Mandatory Conference                                  |  |
| <input checked="" type="checkbox"/> | For Issuance of Certificate of Compliance                 | <input type="checkbox"/> Conducted _____ |
| <input checked="" type="checkbox"/> | COC on GLS issued   |  |
| <input checked="" type="checkbox"/> | COC on OSHS issued  |  |
| <input checked="" type="checkbox"/> | COC on LSCC issued  |  |
| <input type="checkbox"/>            | Incentivizing Compliance Program Awarded                  |  |
| <input type="checkbox"/>            | Tripartite Certificate of Compliance with Labor Standards |  |
| <input type="checkbox"/>            | Child Labor Free Establishment                            |  |
| <input type="checkbox"/>            | Outstanding Labor Management Council for Industrial Peace |  |
| <input type="checkbox"/>            | Gawad Kaligtasan at Kalusugan                             |  |
| <input type="checkbox"/>            | Productivity Olympics                                     |  |
| <input type="checkbox"/>            | Effecting Plant Level Restitution/Correction              |  |
|                                     | Amount Involved _____ (In Peso)                           |  |
|                                     | Workers Benefitted _____ (count)                          |  |
| <input type="checkbox"/>            | Provided Appropriate Assistance Leading to Compliance     |  |
|                                     | Specify assistance: _____                                 |  |

Review and Evaluated By:

FO/DO/TSSD Chief

Date: \_\_\_\_\_

- |                          |  |  |
|--------------------------|--|--|
| <input type="checkbox"/> | For Submission of action plan/Checklist issued | <input type="checkbox"/> Submitted _____ |
| <input type="checkbox"/> | For Submission of Status Report                | <input type="checkbox"/> Submitted _____ |
| <input type="checkbox"/> | Fully Implemented Action Plan                  |  |
| <input type="checkbox"/> | For Issuance of Compliance Order               |  |
| <input type="checkbox"/> | Compliance Order issued                        |  |
| <input type="checkbox"/> | Work Stoppage Order Issued                     | <input type="checkbox"/> Lifted _____    |
| <input type="checkbox"/> | Appeal Filed                                   |  |
| <input type="checkbox"/> | For Issuance Writ of Execution                 | <input type="checkbox"/> Issued _____    |
| <input type="checkbox"/> | For Publication                                |  |
| <input type="checkbox"/> | For Referral to TCCLS                          |  |
| <input type="checkbox"/> | For Issuance of TCC                            |  |
| <input type="checkbox"/> | TCCLS issued                                   |  |
| <input type="checkbox"/> | Referred to NCMA                               |  |
| <input type="checkbox"/> | NCMA Violations reported                       |  |
| <input type="checkbox"/> | Emanating from NCMA Referral                   |  |
| <input type="checkbox"/> | Emanating from Complaint Filed                 |  |

Approved By: \_\_\_\_\_

REGIONAL DIRECTOR

Date: DEC 01 2014

**DOCUMENTS ATTACHED:**

**TRANSCRIPTION OF RECORDS IN CASE OF VIOLATION**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Notice of Results                  | <input type="checkbox"/> Production Records       | <input type="checkbox"/> Payroll Restitution |
| <input type="checkbox"/> Affidavit of Employees Interviewed | <input type="checkbox"/> Daily Time Records       | <input type="checkbox"/> Others _____        |
| <input type="checkbox"/> Payroll                            | <input type="checkbox"/> Computation of Backwages |  |



Republic of the Philippines  
**DEPARTMENT OF LABOR AND EMPLOYMENT**  
 Regional Office No. \_\_\_\_\_  
 (Address)

REPUBLIC OF THE PHILIPPINES)  
 )S.S.

**AFFIDAVIT**

I, LEOPOLDO GARCIA 37 years of age, single/married and residing at ORIENTAL BLVD MC after having been sworn in accordance with law, depose and say:

1) I am working/employee of GIDMECO METAL GROUP located at VNU PHENIX MC

2) The owner /president /manager of the Company is Nathaniel Law

3) The nature of the Company's / Employer's business is:

- ☒ Retail  
☐ Wholesale  
☐ Service  
☐ Manufacturing

- ☐ Agriculture  
☐ Construction  
☐ Others: \_\_\_\_\_

4) I work as technician and my work schedule is from 8-5 pm Mon-Sat

5) The current number of employees of the Company/Employer:

- ☒ less than 10 employees  
☐ 51-199 employees

- ☐ 10-50 employees  
☐ 200 and above employees

6) Currently, my employment status is:

- ☐ Apprentice  
☐ Learner  
☐ Casual

- ☐ Contractual  
☒ Probationary  
☐ Regular

☐ Others: \_\_\_\_\_

7) I started working in the Company / my Employer on June 2, 2014

8) My salary/wage is computed on:

- ☒ Daily basis  
☐ Commission basis  
☐ Monthly basis  
☐ Pakyaw basis

- ☐ Piece rate basis  
☐ Others: \_\_\_\_\_

9) My daily salary rate/monthly salary/rate per piece is: 340 with COLA of \_\_\_\_\_

10) I receive my salary every: 15-30

11) I am / I am not given a copy of my pay slip and I receive/ I do not receive the net pay shown in the pay slip.

12) I received / I do not receive the net pay shown in the pay slip.

13) I am regularly given a meal break of 1 hours from 12 to 1 pm

14) I work / I do not work / I sometimes work from 10:00 p.m. to 6:00 a.m. and I am / I am not paid the 10% night shift differential pay.

15) I render / I do not render \_\_\_\_\_ hours of overtime work (work rendered in excess of 8 hours in a day):  
 \_\_\_\_\_ Every day \_\_\_\_\_ Others: \_\_\_\_\_

16) I am paid / I am not paid for every hour of overtime work rendered on:

- ☐ Ordinary Days : \_\_\_\_\_  
☐ Rest Days : \_\_\_\_\_  
☐ Special Days : \_\_\_\_\_  
☐ Regular Days : \_\_\_\_\_





## Labor Laws Compliance Assessment Checklist

Authority No. JA-2014-10-TYFO-575

Instructions: This checklist shall be accomplished by the Labor Laws Compliance Officer (LLCO) with the participation of the duly authorized representative of employer and workers. Please put a check (✓) mark in the appropriate column to indicate compliance with labor standards, if not applicable, put NA in the complied columns.

Part I				GENERAL INFORMATION			
Name of Establishment <b>Gomeco Metal Corp.</b>				Address <b>Unit D VNU Arcade, Cebu North Road, Paknaan, Mandaue City</b>			
Owner/President <b>Nathanial Kaw</b>				Kind of Business/Economic Activity/Principal Product <b>Retail</b>		DAO Code PSIC Code <input type="checkbox"/> Check if Recruitment/Manning Agency	
Employment				No. of Apprentices/Learners: No. of Short-Term Employees: <b>0</b> No. of Casual/Seasonal Employees: No. of Aliens Employed: <b>0</b> No. of Shifts: <b>1</b> No. of Workers/Shift: <b>4</b>		Authorized Capitalization (As of the latest date of audit) <b>NAD</b> <input type="checkbox"/> Check if BMBE Total Assets (As of the latest date of audit) <b>NAD</b>	
Age Group	Female	Male	Total	Number of Union: Name of Union's Representative: CBA Duration: <b>None</b>		SEBA: Start: _____ End: _____ Check if Contractor/Subcontractor, if applicable	
Below 15				No. of Buses: No. of Bus Drivers: No. of Conductors:		<input type="checkbox"/> Check if Bus Company Type of Visit <input checked="" type="checkbox"/> Joint Assessment <input type="checkbox"/> Compliance Visit <input type="checkbox"/> OSHS Investigation <input checked="" type="checkbox"/> 1st assessment	
15-17 yrs.				Type of Workplace <input checked="" type="checkbox"/> Non-hazardous <input type="checkbox"/> Hazardous <input type="checkbox"/> Highly-hazardous		<input type="checkbox"/> Construction <input type="checkbox"/> Other Service Provider <input type="checkbox"/> Security Agency <input type="checkbox"/> Janitorial Agency	
18-30 yrs.				State the Name and Address of the principal/s:		<input type="checkbox"/> Follow-up assessment	
Above 30							
Total	<b>2</b>	<b>2</b>	<b>4</b>				

Date of Last Assessment/Visit/Investigation: \_\_\_\_\_ Name of Employer's Representative: Lee Anne Taulangit Name of Employees' Representative: \_\_\_\_\_

Part II-A GENERAL LABOR STANDARDS COMPLIANCE INDICATORS

[illegible]



[illegible]



[illegible]



[illegible]



Compliance with the Maritime Labour Convention of 2006 (Provision 1.4: Seafarer's Recruitment and Placement)	
an ISO certified (identify certifying body)	
an MLC 2006 certified compliant (Identify certifying body)	
Information service on the No Placement Fee Policy	
Documentation of procedures for registration, recruitment, selection and deployment of seafarers	
Endorsement only of pre-selected seafarers for medical examination to DOH accredited hospitals/clinics duly designated by the company/manning agency without cost to the seafarers	
Employment/deployment only of seafarers that: (a) have passed the qualification requirements of the employer; (b) have passed the prescribed medical examination; and (c) possessed valid certificates of competency/proficiency for duties on board ship	
Maintenance of confidential registry of recruited seafarers which contains, among others: (a) Personal Data; (b) Qualification/Competencies; (c) Record of Employment; and (d) Medical Data relevant to employment	N/A
Employment only of qualified recruitment and selection staff with relevant sea service experience and have relevant knowledge of the maritime international instruments on training, certification and labour standards	
Implementation of the Standard Employment Contract (SEC) for all recruited and deployed seafarers	
Orientation of seafarers of their rights and duties under the SEC and CBA where applicable	
Maintenance of an in-house grievance machinery unit to respond to complaints of seafarers and their families	
Implementation of a PDOS program pursuant to the standards prescribed by the OWWA, including the information regarding possible problems that may be encountered when employed on ships that flies the flag of a state that has not ratified the convention.	
Implementation of a Special PDOS specific to principals'/employers company policies and ships' technical information/requirement (Indicate, if any)	
<b>Part IV FINDINGS ON OCCUPATIONAL SAFETY AND HEALTH INVESTIGATION</b> <input type="checkbox"/> Imminent Danger <input type="checkbox"/> Dangerous Occurrences <input type="checkbox"/> Accident resulting to Disabling Injury <input type="checkbox"/> OSHS violation in Plain View	
*See Attached Government Safety Engineer's Accident Investigation Report <b>Part V SUMMARY OF EMPLOYERS' PLAN OF ACTION</b>	
<input checked="" type="checkbox"/> Will correct all noted deficiencies. Report on corrections/restitutions shall be submitted to the Regional Office not later than <u>17/2/15</u> <input type="checkbox"/> If there is difficulty in complying, please state the reason above. Note: Use separate sheet for details (FORM 8)	



